

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Steven Griffin

Write the full name of each plaintiff.

-against-

NYC Administration for Children's Services, Clty of
New York, and Deidre Coates

____ CV ____

(Include case number if one has been
assigned)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. The names listed
above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Steven		Griffin
First Name	Middle Initial	Last Name
25 Boerum street Apt. 18-Q		
Street Address		
Brooklyn	NY	11206
County, City	State	Zip Code
917-279-4824	steffanogriffano@aol.com	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	New York City Administration for Children's Services		
	Name		
	150 William streeet		
	Address where defendant may be served		
	New York	New York	10038
	County, City	State	Zip Code
Defendant 2:	City of New York Comptrollers office		
	Name		
	1 Centre street		
	Address where defendant may be served		
	New York	New York	10007
	County, City	State	Zip Code

Defendant 3:

Deidre Coates

Name

150 William street 14th floor

Address where defendant may be served

New YorkNY10038

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:
NYC Administration for Children's Services

Name

150 William street

Address

New YorkNew York10038

County, City

State

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: _____
- ☐ color: _____
- ☐ religion: _____
- ☐ sex: _____
- ☐ national origin: _____

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: _____

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☐ terminated my employment
- ☐ did not promote me
- ☒ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

Please see attached Supporting Facts for EEO Discrimination Complaint 4 pages

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

- ☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 12/01/2021

- ☐ No

Have you received a Notice of Right to Sue from the EEOC?

- ☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 11/10/2022

When did you receive the Notice? 11/16/2022

- ☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

- ☐ direct the defendant to hire me
- ☐ direct the defendant to re-employ me
- ☐ direct the defendant to promote me
- ☐ direct the defendant to reasonably accommodate my religion
- ☒ direct the defendant to reasonably accommodate my disability
- ☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Restore accrued time used when I was informed that I could no longer work in
Office of Placement Administration and Human Resources.

Pay back lost wages due to my overtime not being approved due to retaliation.

Restore me back to my title and salary as a Child Protective Specialist II

Pay back lost wages due to being demoted to a Congregate Care Specialist,

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

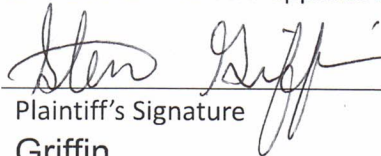
I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

02/07/2023

Dated

Steven



Plaintiff's Signature

Griffin

First Name

Middle Initial

Last Name

25 Boerum street Apt. 18-Q

Street Address

Brooklyn

NY

11206

County, City

State

Zip Code

917-279-4824

steffanogriffano@aol.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Steven Griffin 2/09/2023

Supporting facts for EEOC Discrimination Complaint.

On 03/13/2017, I was hired from a civil service list for New York City Administration for Children's Services (ACS) as a Congregate Care Specialist (CCS) at the Children's Center, located at 492 1st Ave. New York, NY 10016. I worked in the teen male area (ages 14-22). My duties included but were not limited to supervising and escorting the teens to and from various medical appointments, school, trips, etc. As well as counseling these children. These children were all in foster care under the auspicious of the commissioner of ACS. The children's center is a congregate care setting. The children live at this facility until placement can be secured. My shift was overnight, 12 am – 8 am.

In August 2018, I was hired from a civil service list to work as a Child Protective Specialist I (CPS). After three months of training, I was transferred to a borough office at 185 Marcy Ave Brooklyn. My duties as a CPS were investigating allegations of child abuse and neglect. I made regular home visits to those under my caseload. I made Family court appearances and interviewed all stakeholders regarding my investigation. The job was demanding; however, I embraced the challenges of this position. In August 2019, I was given a reasonable accommodation by ACS due to a back injury that I sustained in 2013 from an automobile accident involving a drunk driver. My primary care physician had requested that I refrain from fieldwork and not climb up and down stairs, as this was aggravating my injury. I was transferred to the Office of Placement Administration (OPA), Hot Line, at 492 1st Ave. It should be noted that only CPS workers could work in this department. My duties were to make referrals to locate emergency placements for children entering the foster care system.

My leadership in this unit consisted of David Chambers (Director), Mr. Tassey (Manager), Mr. Phillip (supervisor II), and Ms. Wright supervisor I. Again, I enjoyed my work and appeared to be doing well in my new duties. In March 2020. Covid 19 hit NYC, and we were directed to work remotely from home. I worked from home during the pandemic in relative safety. During this time, the children's center sought people to assist them due to staffing issues. As you can imagine, many staff were out on sick leave due to infections of covid 19. I reached out to my leadership and was allowed to work overtime on my days and time off at the children's center. My leadership instructed me that the children's center's managers send them an email requesting my services. This was done every week and always approved. In April 2021, my supervisor Ms. Wright passed away due to covid 19. As you can imagine, the unit was devastated. I continued to work from home, performing my regular duties with OPA and working at the children's center on my days off.

In September 2021, we returned to the office at 492 1st Ave. after a week. We were instructed to move to the central office of ACS at 150 William Street, 14th floor. The next day my supervisor Mr. Phillips and my Manager Mr. Tassey put in for retirement. This left me under the supervision of Ms. Browne (supervisor I) and Ms. Coates supervisor (II). It should be noted that during my time in the OPA unit, I had minimal contact or conversation with Ms. Coates. On Saturday, 09/18/2021. I called out sick. I went to Urgent care for treatment and received documentation for the visit on Monday, 09/20/2022. I submitted my medical documentation to Ms. Coates and my timekeeper. I was also submitting a request for time off for an appointment with my regular physician for 09/21/2021 to follow up on the urgent care visit when Ms. Coates yelled out in front of other employees. You call out sick a lot. Why are you calling out sick? What's wrong with you?

How do you know that you are going to be sick tomorrow? I responded, if I am sick, I'm sick. It should be noted that in my request for sick leave on 09/21/2021. I noted my request with the word's medical appointment. I was stunned and humiliated. Ms. Coates then repeated the question. Why are you calling out sick? I can't touch it if it's part of your reasonable accommodation (RA). But why are you calling out sick? If you choose not to answer, you don't have to answer. I responded that I choose not to answer. I walked away from her and returned to my workstation. I was distraught. Ms. Coates had just let my colleagues know that I was working under an accommodation, not to mention my calling out sick. This was and is no one's business. I felt that my medical accommodations are covered under HIPPA laws and regulations. The next day 09/21/2021, I contacted my director Mr. Chambers and informed him of the situation. He asked me. What do you want me to do? I responded I am not sure. But I am following protocol and contacting you about what happened. It just so happened that later that afternoon, I received an email from human resources that I was exposed to covid 19 by another employee and had to quarantine for the next ten days. When I returned to the office on 10/04/2021 reported to 150 William Street. I immediately went to Mr. Chamber's office and repeated the conversation that I had on the phone with him ten days prior. He again asked me what I wanted him to do. I responded I don't know. I watched Mr. Chambers walk into Ms. Coates's office, which she shared with Ms. Brown, and close the door. The next few days, I noticed a change in how my supervisor treated me. My time and leave was not being done in a timely fashion, and my request for overtime at the children's center was being denied. I sent an email to Ms. Coates asking why the request was being denied. She never responded to me. I went to her office and asked her verbally. She stated that I went over

her head. I asked what I was supposed to do. You should not have brought up my medical condition on the floor and in front of other employees.

At this point, I contacted my union SSEU local 371 (District Council 37). I spoke with a union representative who advised me to file an EEO complaint with ACS, which I did. About a week after I filed my complaint. I was informed by an EEO representative who was handling my accommodation that my unit OPA could no longer accommodate me. I was shocked. I did nothing wrong. No reason was ever given why they could no longer accommodate me. I asked the representative what I should do. I was instructed to utilize my time and leave options. I asked whether I could continue to work until another assignment was found. I was instructed that I was to leave asap. I was out of work for approximately 3-4 weeks.

In late December 2021 or early January 2022. I was given a position as a receptionist in the human resources unit. After approximately ten months, I was informed that my last day in human resources would be September 2nd, 2022. Again, I reached out to the EEO unit that handles the accommodations, and I was instructed to use my time and leave options until another position was found for me. This time I was out of work for approximately 7-8 weeks. I called and emailed the EEO representative about returning to work. During this time period, I was given one interview with one department. I was not selected for the position. Eventually, I was reassigned to my old title as a Congregate Care specialist and lost over twelve thousand dollars annually in pay. It should be noted that I have emails and other documentation to substantiate my case.

EEOC (Inquiry) Number: 520-2022-02094

Inquiry Information

INQUIRY OFFICE

Receiving: New York District Office

Accountable: New York District Office

POTENTIAL CHARGING PARTY

Name: Mr. Steven Griffin

Address: 25 Boerum street Apt. 18-Q
BROOKLYN, NY 11206

Year of Birth:

Email Address: steffanogriffano@aol.com

Phone Number: (917) 279-4824

POTENTIAL CHARGING PARTY'S DEMOGRAPHICS

Gender: M

Disabled? I have a disability

Are you Hispanic or Latino? not hispanic or latino

Ethnicity: Black or African American,

National Origin: American(U.S.)

RESPONDENT/Employer

Organization Name: NYC ADMINISTRATION FOR CHILDREN'S SERVICES

Type of Employer: State or Local Government that I applied to, work for, or worked for

Number of Employees: 20 or more employees

Address: 150 William street
NEW YORK, NY 10038

County: New York

Phone Number: (212) 341-0900

LOCATION OF POTENTIAL CHARGING PARTY'S EMPLOYMENT

Address: 492 1st ave

RESPONDENT CONTACT

Name: NYC ADMINISTRATION FOR CHILDREN'S SERVICES

Email Address:

Phone Number: (212) 341-0900

Title:

REASON(S) FOR CLAIM

Date of Incident (Approximate): 11/09/2021

Reason for Complaint: Disability, Retaliation - I complained to my employer about job discrimination

Pay Disparity:

Location of Incident: New York

Submission (initial inquiry) Date 12/01/2021

Claim previously filed as charge with EEOC? No

Approximate Date of Filing:

Charge Number: 520-2022-02094

Claim previously filed as complaint with another Agency? No

Agency Name:

Approximate Date of Filing:

Nature of Complaint:

Adverse Action(s)

Asking me why I call out sick in front of other employees in an open forum. Not approving my overtime and my request for time off. Ultimately removing me from a position that was granted me because of my disability. Not giving a reason.

APPOINTMENT

Appointment Date and time:

Interview Type: _

APPROXIMATE DEADLINE FOR FILING A CHARGE: 09/06/2022



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

CHARGE OF DISCRIMINATION

For Official Use Only – Charge Number:

EEOC Form 5A (October 2017)

Personal Information	First Name: <u>Steven</u> MI: _____ Last Name: <u>Griffin</u> Address: <u>25 Boerum St.</u> Apt.: <u>18-G</u> City: <u>Brooklyn</u> County: <u>Kings</u> State: <u>NY</u> Zip Code: <u>11206</u> Phone: <u>917-279-4824</u> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email: <u>SteffanoGriffano@aol.com</u>
Who do you think discriminated against you?	Employer <input checked="" type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization <input type="checkbox"/> <u>Didre Coates</u> Organization Name: <u>NYC Administration for Children's Services</u> Address: <u>150 William St.</u> Suite: _____ City: <u>New York</u> State: <u>NY</u> Zip Code: <u>10038</u> Phone: _____
Why you think you were discriminated against?	Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Genetic Information <input type="checkbox"/> Retaliation <input checked="" type="checkbox"/> Other <input type="checkbox"/> (specify) _____
What happened to you that you think was discriminatory?	Date of <u>most recent</u> job action you think was discriminatory: <u>On or about Nov. 9th 2021</u> Also describe briefly <u>each</u> job action you think was discriminatory and when it happened (estimate). <u>On 9/21/21 my Supv. Ms. Coates asked me repeatedly in front of other employees: "Why am I calling out sick" If it's part of my Reasonable Accommodation (RA) she can't touch it. Me being on an RA is not for everyone to know. It was humiliating. On or about Nov. 9th 2021. I was told I can no longer report to my work unit. This was done after I filed an EEO complaint with my employer on or about Nov- 1st 2021 This was direct retaliation</u>
Signature and Verification	I understand this charge will be filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address, phone, or email. I will cooperate fully with them in the processing of my charge in accordance with their procedures. I understand by signing below that I am filing a charge of employment discrimination with the EEOC. I understand that the EEOC is required by law to give a copy of the charge, which includes my allegations and my name, to the organization named above. I also understand that the EEOC can only investigate charges of job discrimination based on race, color, religion, sex, national origin, age, disability, genetic information, or based on retaliation for filing a charge of job discrimination, participating in an investigation of a job discrimination complaint, or opposing job discrimination. I declare under penalty of perjury that the above is true and correct. Signature: <u>Steven Griffin</u> Date: <u>6/7/22</u>



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office
33 Whitehall St, 5th Floor
New York, NY 10004
(929) 506-5270
Website: www.eeoc.gov

DETERMINATION AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 11/10/2022

To: Mr. Steven Griffin
25 Boerum street Apt. 18-Q
BROOKLYN, NY 11206
Charge No: 520-2022-02094

EEOC Representative and email: Silvia Deng-Batista
Federal Investigator
silvia.deng-batista@eeoc.gov

DETERMINATION OF CHARGE

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign-in to the EEOC Public Portal and upload the court complaint to charge 520-2022-02094.

On behalf of the Commission,

Digitally Signed By: Timothy Riera
11/10/2022

Timothy Riera
Acting District Director